



Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

CONSULTATION REFERRAL FORM

Further evaluation including chest x-ray is recommended and can be obtained from your private physician or at the TB Clinic.

If you choose the TB Clinic for your follow up, please be aware we are a "walk in" clinic and waiting times can be as long as 3 hours.

Chest x-ray: People requiring x-rays should come to the clinic no later than 3:00 pm.

The x-ray report will be **mailed** within approximately **7-10 working days**.

Clinic hours: Monday, Tuesday, Wednesday, Friday - 8:00 am to 4:30 pm (walk-in)

Thursday - 10:00 am to 4:30 pm (walk-in)

Thursday - 4:30 pm to 7:30 pm **by prior arrangement only**

Name: _____ Date of referral: _____

Address: _____ SS# or alien #: _____

TBCL ID #: _____ HMC ID #: _____ Phone #: _____

DOB: _____ Sex: ☐ M ☐ F Ethnicity: _____ Primary Language: _____

If the patient is under 18 years of age or is a candidate for preventative therapy regardless of age, or you suspect he/she has active tuberculosis and would be unable to complete an **in-depth** medical interview in English, **you must call ahead and arrange for an interpreter to be present.**

Referred by: _____ Phone #: _____

Address: _____

Date of current PPD: _____ Result: _____ mm Date of prior PPD: _____ Result: _____ mm

(skin test by Mantoux method only, intradermal injection of 0.1 ml of PPD tuberculin containing 5 tuberculin units, **NOT** a multiple puncture "Tine" test.)
(only read by a trained professional at 48-72 hours – record mm of induration only – do not measure erythema without induration)

Reason for referral (Why was pt. screened? Does the pt. have any S&S of active TB? Are current chest films, bacteriology or histology available? If so, please send them with the pt):

_____ Medical Provider: _____

If you suspect your patient has active TB, please call ahead so that we can make appropriate arrangements.

TB Clinic report: _____

_____ TB Clinic provider: _____ Date: _____

